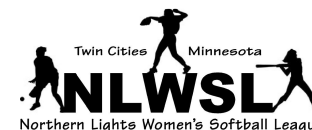


MANAGERS please complete your team roster in a Word format only, then print a copy of your completed roster and have each member of your team sign it. Mail your completed roster to NLWSL, P.O. Box 4381, St Paul, MN 55104 along with ONE CHECK payable to the NLWSL for the player fees. Make sure it is postmarked before The second week of the season. E-mail your completed roster file to nlwsl.mn@gmail.com, also before the 2nd Sunday of the season. *(Paper & electronic files needed please)*

**Players only need to fill in the Last Team Played for and ASA class box if they are new to your team this season.*



TEAM NAME _____ ASA CLASSIFICATION _____

We, the undersigned, agree not to hold the Northern Lights Women's Softball League, Inc. nor the City of St. Paul liable as a result of injury sustained while participating in the Northern Lights Women's Softball League, Inc. and/or League sponsored events.

☺ PLEASE COMPLETE ALL FIELDS AND PRINT LEGIBLY ☺

	<u>NAME</u> (first then last)	<u>E-mail ADDRESS</u>	<u>Date of Birth</u>	<u>Last Team Played</u> <u>for and ASA class*</u>	<u>SIGNATURE</u>
1					
2					
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